



City of Blue Island
Clerk's Office
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Blue Island, IL 60406
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blueisland.org

APPLICATION FOR THE LICENSING OF PEDDLERS AND SOLICITORS

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE & ZIP _____

LENGTH OF RESIDENCE AT THIS ADDRESS _____ SOC. SEC. # _____

NAME OF BUSINESS _____

BUSINESS ADDRESS _____ CITY _____ STATE & ZIP _____

STATE TAX # _____ BUSINESS PHONE _____

IF OTHER THAN PRESENT ADDRESS, PROVIDE ADDRESS OF RESIDENCE DURING PAST 3 YEARS

_____ CITY _____ STATE & ZIP _____

PHYSICAL DESCRIPTION OF APPLICANT
AGE _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

NAME OF EMPLOYER (PERSON, FIRM, OR CORP.) BY WHOM YOU ARE EMPLOYED OR REPRESENT

NAME _____ ADDRESS _____ CITY _____ STATE _____

LENGTH OF TIME YOU HAVE BEEN EMPLOYED BY SAID EMPLOYER _____

IF OTHER THAN PRESENT, PROVIDE NAME AND ADDRESS OF EMPLOYER DURING THE PAST 3 YEARS

NAME _____ ADDRESS _____

DESCRIPTION OF THE SOLICITING THAT WILL TAKE PLACE

INTENDED SOLICITATION PERIOD _____

APPROXIMATE DATE OF THE LAST PREVIOUS APPLICATION FOR LICENSE UNDER THIS ARTICLE, IF ANY _____

HAS YOUR LICENSE EVER BEEN REVOKED? (Y/N) _____

HAVE YOU EVER BEEN CONVICTED OF A VIOLATION OF ANY OF THE PROVISIONS OF THIS ARTICLE? _____

GIVE EVIDENCE THAT YOU ARE AUTHORIZED TO SOLICIT FOR THE ORGANIZATION
REPRESENTED _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE PRECEDING TEN YEARS OR
CONVICTED OF A MISDEMANOR OR ORDINANCE VIOLATION WITHIN THE PRECEDING FIVE
YEARS _____

GIVE THE NATURE OF THE OFFENSE _____

SIGNATURE _____

DATE _____

OPERATING HOURS OF PEDDLERS AND SOLICITORS 9:00 AM TO 8 PM